| NOTIFICATION OF ELIC | GIBILITY FOR SCHOOL MEALS@@ |
|---|---|
| >> | |
| CASE NUMBER %%%% | <mark>%%</mark> @@ |
| NEEDY FAMILIES (TAN FREE MEALS IN THE N. | FOOD STAMP OR TEMPORARY ASSISTANCE FOR IF) CASH BENEFITS ARE ALSO ELIGIBLE TO RECEIVE ATIONAL SCHOOL LUNCH PROGRAM AND SCHOOL IOR FREE MILK IN THE SPECIAL MILK |
| CHILD OR CHILDREN V MEAL/MILK BENEFITS | E AND RETURN THIS NOTICE TO THE SCHOOL, YOUR WILL AUTOMATICIALLY RECEIVE FREE SCHOOL .@@ |
| >> IF YOU WANT TO APPL | LY FOR FREE SCHOOL MEAL/MILK BENEFITS FOR THE |
| CHILDREN LISTED BEL | |
| >> >> | 20 W.C.C. |
| * WRITE THE NAME O | F THE SCHOOL AND GRADE FOR EACH CHILD |
| LISTED.@@ | |
| * WRITE YOUR PHONE | E NUMBER AND DATE IN THE SPACE PROVIDED |
| BELOW.@@ | |
| * RETURN THE COMPL | LETED FORM TO YOUR SCHOOL OFFICIALS.@@ |
| >> | |
| SCHOOL GRADE | CHILD'S NAME (DATE OF BIRTH)@@ |
| | <mark>%%%%%%%</mark> %%%%%%%%%%%%%%%%%%%%%%%%%%%%% |
| | ####################################### |
| | ####################################### |
| | ####################################### |
| | ####################################### |
| | ####################################### |
| | |
| >> | |
| >> | |
| | @@ |
| SIGNATURE OF PAREN | = = = = = |
| CARETAKER RELATIVI | |
| >> | |
| >> | |
| >> | |
| * * | @@ |
| TELEPHONE NUMBER | DATE |

| NOTIFICATION OF ELIGIBILITY FOR SCHOOL MEALS@@ |
|--|
| CASE NUMBER 10045 CO O |
| CASE NUMBER 123456@@ |
| >> CHILDREN RECEIVING FOOD STAMP OR TEMPORARY ASSISTANCE FOR |
| NEEDY FAMILIES (TANF) CASH BENEFITS ARE ALSO ELIGIBLE TO RECEIVE |
| FREE MEALS IN THE NATIONAL SCHOOL LUNCH PROGRAM AND SCHOOL |
| BREAKFAST PROGRAM OR FREE MILK IN THE SPECIAL MILK |
| PROGRAM.@@ |
| >> |
| WHEN YOU COMPLETE AND RETURN THIS NOTICE TO THE SCHOOL, YOUR |
| CHILD OR CHILDREN WILL AUTOMATICIALLY RECEIVE FREE SCHOOL |
| MEAL/MILK BENEFITS.@@ |
| >> |
| IF YOU WANT TO APPLY FOR FREE SCHOOL MEAL/MILK BENEFITS FOR THE |
| CHILDREN LISTED BELOW:@@ |
| >> >> |
| * WRITE THE NAME OF THE SCHOOL AND GRADE FOR EACH CHILD |
| LISTED.@@ |
| * WRITE YOUR PHONE NUMBER AND DATE IN THE SPACE PROVIDED |
| BELOW.@@ |
| * RETURN THE COMPLETED FORM TO YOUR SCHOOL OFFICIALS.@@ |
| >> |
| SCHOOL GRADE CHILD'S NAME (DATE OF BIRTH)@@ |
| Josie Barns (April 4, 1999)%%%%%%%%%%%%%%%%%%%%%% |
| Carson Barns (June 22, 1997)#################@@ |
| |
| ################################# |
| ################################# |
| ################################# |
| >> |
| >> |
| >> |
| @@ |
| SIGNATURE OF PARENT, GUARDIAN OR@@ |
| CARETAKER RELATIVE@@ |
| >> |
| >> |
| >> |
| TELEPHONE NUMBER DATE |
| TELEPHONE NUMBER DATE |